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**Contractor/Subcontractor Verification**(Form must be submitted to DOC prior to Bid Award.)

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<b>Date:</b>	
<b>To:</b>	Labor Standards Specialist
	Grants Management
	Indiana Department of Commerce
	One N. Capitol, Suite 600
	Indianapolis, IN 46204-2208
<b>From:</b>	
<b>Grantee:</b>	
<b>Grant Number:</b>	

**Contractor Information**

Contractor/Subcontractor Listing	Address
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	